

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

Attorney Docket Number: ITTD-BG101US

First Named Inventor: Robert P. Arentsen

COMPLETE IF KNOWN

Application Number: Not Yet Known

Filing Date: concurrently herewith

Art Unit:

Examiner Name:

☒ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Isolation Valve with Rotatable Flange

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) _____ as United States Application or PCT International Application Number

and was amended on (MM/DD/YYYY) _____ (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

☒ Practitioners at Customer Number 23122
OR
☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**
☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:
☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Robert P.

Arentsen

Inventor's Signature

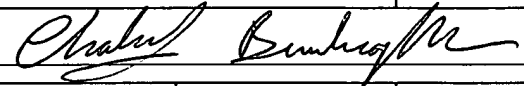

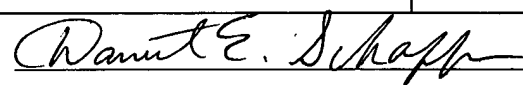


Date:

11/19/03

Residence: City: Downers Grove	State: IL	Country: USA	Citizenship: US
Mailing Address: 1927 Hitchcock Avenue			
Mailing Address:			
City: Downers Grove	State: IL	Zip: 60515	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on the next page.			

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Chalard		Bunluaphob	
Inventor's Signature 		Date: <u>11-19-03</u>	
Residence: City: Glenview	State: IL	Country: USA	Citizenship: US
Mailing Address: 1101 Arbor Lane			
Mailing Address:			
City: Glenview	State: IL	Zip: 60025	Country: USA
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Prasert		Buranatum	
Inventor's Signature 		Date: <u>11-19-03</u>	
Residence: City: Skokie	State: IL	Country: USA	Citizenship: Thailand
Mailing Address: 5015 Wright Terrace			
Mailing Address:			
City: Skokie	State: IL	Zip: 60077	Country: USA
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Daniel E.		Schaffer	
Inventor's Signature 		Date: <u>11-19-03</u>	
Residence: City: Schaumburg	State: IL	Country: USA	Citizenship: US
Mailing Address: 133 Williams Drive			
Mailing Address:			
City: Schaumburg	State: IL	Zip: 60193	Country: USA
<input checked="" type="checkbox"/> Additional inventors are listed on 1 Supplemental Sheet(s).			

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Lisa E.		Hathy-Riles	
Inventor's Signature <u>Lisa E. Hathy-Riles</u>		Date: <u>11/19/03</u>	
Residence: City: Wheeling	State: IL	Country: USA	Citizenship: US
Mailing Address: 111 Chestnut Lane			
Mailing Address:			
City: Wheeling	State: IL	Zip: 60090	Country: USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: